

EXHIBIT “A”

V8-4 REV. 1/04
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only. Do not write in this box)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Milton Prystowsky				2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) May 10, 2010		4. ACTUAL OR PRESUMED TIME OF DEATH 7:28 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
5. AGE LAST BIRTHDAY 88		6. UNDER 1 YEAR Mo. Days Hours Min.		7. DATE OF BIRTH (MM/DD/YYYY) February 17, 1922		8. BIRTHPLACE (City, State or Foreign Country) Charleston, South Carolina			
9. RESIDENCE (State) New York		10. RESIDENCE (County) Westchester		11. RESIDENCE (City or Town) Rye Brook		12. RESIDENCE (Street and No.) 1200 King Street		13. APT. NO.	
14. ZIP CODE 10573		15. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		17. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)			
18. FATHER'S NAME (First, Middle, Last) Jacob Prystowsky				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Celia Bram					
20. INFORMANT'S NAME Michael Prystowsky				21. INFORMANT'S RELATIONSHIP TO DECEDENT Son		22. MAILING ADDRESS (Street and Number, City, State, Zip Code) 263 Sterling Rd., Harrison, NY 10528			
23. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival				24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify)				25. FACILITY NAME (If not institution, give street & number) Greenwich Hospice	
26. CITY OR TOWN OF DEATH Greenwich		27. COUNTY OF DEATH Fairfield		28. METHOD OF DISPOSITION: <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify)		29. DATE (MM/DD/YYYY) 05/12/2010			
29. DISPOSITION (Name of cemetery, crematory, other place) King Solomon Memorial Park				30. LOCATION (city/town, state) Clifton, New Jersey		31. WAS BODY EMBALMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Name of Embalmer			
32. FUNERAL FACILITY - Name and Address (Street, City, State, Zip) Zion Memorial Chapel, 785 E Boston Post Road, Mamaroneck, NY 10543				33. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER Mark J. Kelly		34. LICENSE NUMBER OF SIGNEE IN BOX 34 2650			
35. DATE PRONOUNCED DEAD (MM/DD/YYYY) 05/10/2010				36. TIME PRONOUNCED DEAD (MM/DD/YYYY) 16:23		37. NURSE PRONOUNCEMENT NAME AND DEGREE OR TITLE (Print) BRUNO D'AMICO			
38. WAS MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				39. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				40. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line (g). Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST</p> <p>(a) ANOXIC BRAIN INJURY</p> <p>(b) CARDIAC ARREST</p> <p>(c) ASPIRATION</p> <p>(d) CVA</p>									
41. PART II. Enter other short and concise conditions contributing to death but not resulting in the underlying cause given in PART I.				42. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				43. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
44. CERTIFIER (Check only one box): <input type="checkbox"/> Certifying practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing & Certifying Practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.									
45. SIGNATURE - CERTIFIER BRUNO D'AMICO				46. SIGNATURE - REGISTRAR Kenneth Jordan		47. DATE CERTIFIED 5/10/10			
48. THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: MAY 12 2010				49. BY Kenneth Jordan					
50. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available				51. DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify)				52. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native (Name of tribe or principal title) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) <input type="checkbox"/> Other (specify)	
53. DECEDENT'S USUAL OCCUPATION Physician				54. KIND OF BUSINESS/INDUSTRY Medicine		55. SOCIAL SECURITY NUMBER 220-30-3065			

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF THE RECORD ON FILE IN THE GREENWICH TOWN CLERK'S OFFICE, EXCEPT SUCH INFORMATION THAT IS NONDISCLOSEABLE BY LAW, ATTESTED BY THE RAISED SEAL OF THE TOWN OF GREENWICH.

Barbara Snowden
ASSISTANT REGISTRAR May 12, 2010

LEGAL FEE: \$20.00

THIS CERTIFICATE NOT VALID WITHOUT SEAL

EXHIBIT “B”

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

DR. MILTON PRYSTOWSKY, in his own
right and as EXECUTOR OF THE
ESTATE OF ROSE PRYSTOWSKY

v.

TGC STORES, INC., et al.

Civil Action No. 2:07-cv-00072-SDW-MCA

**STATEMENT NOTING DEATH OF
PLAINTIFF, DR. MILTON
PRYSTOWSKY**

In accordance with Fed. R. Civ. P. 25(a), Dr. Michael B. Prystowsky, Dr. Eric N. Prystowsky and Dr. Stephen D. Prystowsky, representatives of Dr. Milton Prystowsky, note the death during the pendency of this action of Dr. Milton Prystowsky, Plaintiff in the captioned action. A copy of the death certificate is attached hereto as Exhibit "A".

WHITE AND WILLIAMS LLP

By: s/ Deborah A. Crinigan
Deborah A. Crinigan, Esquire
Alan J. Charkey, Esquire
LibertyView
457 Haddonfield Road, Suite 400
Cherry Hill, NJ 08002-2220
856-317-3600

Attorneys for Plaintiff, Dr. Milton Prystowsky, in
his own right and as Executor of the Estate of Rose
Prystowsky

Date: June 4, 2010

EXHIBIT “C”

Certificate# 48093

**SURROGATE'S COURT OF THE STATE OF NEW YORK
WESTCHESTER COUNTY**

File #: 2010-1695/A

CERTIFICATE OF APPOINTMENT OF EXECUTOR(S)

IT IS HEREBY CERTIFIED that Letters in the estate of the Decedent named below have been granted by this court, as follows:

Name of Decedent: **Milton Prystowsky**

Date of Death: **May 10, 2010**

Domicile of Decedent: **Rye Brook, New York**

Fiduciary Appointed: **Stephen D Prystowsky**

Mailing Address: 39514 Glenn Glade
Chapel Hill NC 27517

Eric N Prystowsky MD

958 Laurelwood
Carmel IN 46032

Michael Prystowsky MD

263 Sterling Road
Harrison NY 10528

Type of Letters Issued: **LETTERS TESTAMENTARY**

Letters Issued On: **July 27, 2010**

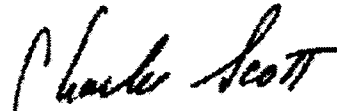
Limitations: **NONE**

and such Letters are unrevoked and in full force as of this date.

Dated: July 30, 2010

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Westchester County Surrogate's Court at White Plains, New York.

WITNESS, Hon. Anthony A. Scarpino Jr., Judge of the Westchester County Surrogate's Court.



Charles T Scott, Esq., Chief Clerk
Westchester County Surrogate's Court

This Certificate is Not Valid Without the Raised Seal of the Westchester County Surrogate's Court

EXHIBIT “D”

Docket No.: 2007-2939

State of New Jersey
Essex County Surrogate's Court

JOSEPH P. BRENNAN, JR.
SURROGATE

Hall of Records, Room 206
Newark, New Jersey 07102
Phone: 973-621-4900
Fax: 973-621-2654

Patricia A. Trabucco
DEPUTY SURROGATE

In the matter of the Estate of:
Rose Prystowsky, MD, Deceased
AKA:

} JUDGMENT ADMITTING
WILL TO PROBATE

On reading and filing the application of Eric N. Prystowsky and Stephen D. Prystowsky, demanding probate of the Last Will and Testament of decedent, and applying for Letters Testamentary thereon; and the Surrogate having inquired into the circumstances and certification having been made as to self-proof of the Will having no codicils, and/or witness proof having been taken, and being satisfied as to the genuineness of the Will produced, and the validity of its execution; and it appearing that the testator died more than ten days ago, and that no caveat has been filed against the probate of the Will;

It is thereupon August 30, 2010, **adjudged** that the instrument offered for probate, be, and it hereby is, established as the Last Will and Testament of the said decedent and the same be and hereby is admitted to probate;

It is further **adjudged** that Letters Testamentary thereon be issued to, Eric N. Prystowsky and Stephen D. Prystowsky, the Executor/rix(s) named in the said Will, upon his/her/their qualifying as such Executor/rix(s).

Attorney of Record:

DiBiasi & Rinaldi, LLC
DiBiasi and Rinaldi, LLC
345 Centre St.
Nutley, NJ 07110
Phone: 235-1414

WITNESS my hand and seal of office, this:

August 30, 2010



Joseph P. Brennan, Jr. Surrogate

PATRICIA A. TRABUCCO
DEPUTY SURROGATE

Docket No.: 2007-2939

State of New Jersey
Essex County Surrogate's Court

JOSEPH P. BRENNAN, JR.
SURROGATE

Hall of Records, Room 206
Newark, New Jersey 07102
Phone: 973-621-4900
Fax: 973-621-2654

PATRICIA A. TRABUCCO
DEPUTY SURROGATE

In the matter of the Estate of:
Rose Prystowsky, MD, Deceased
AKA:

} EXECUTOR
SHORT CERTIFICATE

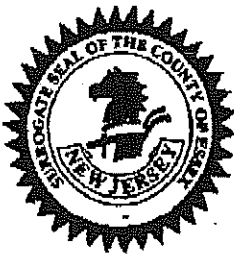
I, Joseph P. Brennan, Jr., Surrogate of the County of Essex, **Do Hereby Certify** that the Last Will and Testament having no codicils, of the above named Decedent, late of the County of Essex and State of New Jersey, was admitted to Probate by the Surrogate of the County of Essex; on August 30, 2010, and that Letters Testamentary were issued to Eric N. Prystowsky and Stephen D. Prystowsky, the Executor(s) named therein, who is (are) duly authorized to take upon himself/herself/ themselves/itself the administration of the estate of said testator agreeably to the said Will.

I further **Certify** that according to our records, said Letters have never been revoked and still remain in full force and effect.

DO NOT ACCEPT WITHOUT RAISED SEAL

WITNESS my hand and seal of office on:

August 30, 2010



Joseph P. Brennan, Jr., Surrogate

AKA:

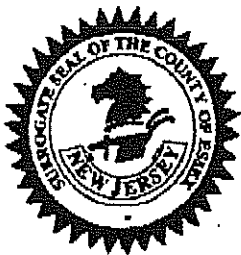
TESTAMENTARY

I Joseph P. Brennan, Jr. do hereby **certify** the annexed to be a true copy of the Last Will and Testament having no codicils of the above named decedent, late of the County of Essex and State of State of New Jersey, admitted to Probate on August 30, 2010 by the Surrogate of the County of Essex, and Letters Testamentary were issued to Eric N. Prystowsky and Stephen D. Prystowsky, the Executor(s) named therein, who is/are duly authorized to take upon himself/herself/themselves/itself the administration of the estate of said testator agreeably to the said Will having no codicils.

DO NOT ACCEPT WITHOUT RAISED SEAL

WITNESS my hand and seal of office on:

August 30, 2010



Joseph P. Brennan, Jr., Surrogate

Docket No.: 2007-2939

State of New Jersey
Essex County Surrogate's Court

JOSEPH P. BRENNAN, JR.
SURROGATE

Hall of Records, Room 206
Newark, New Jersey 07102
Phone: 973-621-4900
Fax: 973-621-2654

Patricia A. Trabucco
DEPUTY SURROGATE

EXHIBIT “E”

LAST WILL AND TESTAMENT
OF
ROSE PRYSTOWSKY, M.D.

I, ROSE PRYSTOWSKY, M.D., of the Town of Nutley, County of Essex, and State of New Jersey, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby expressly revoking any and all former Wills and Codicils made by me.

ARTICLE I

I hereby direct that all my funeral, last illness and administration expenses, and other lawful claims and charges against my estate, be first paid from my estate. This shall not operate in any way to enlarge or accelerate any liability of mine, my estate, or my family, except for any indebtedness I may have to any qualified pension or profit sharing plan (other than loans against a voluntary contribution account). All indebtedness of mine for which any properties or insurance policies stand as collateral security shall remain an encumbrance upon such properties which shall pass subject to such indebtedness without reimbursement of any kind from my estate. I further direct the payment from the residue of my estate (except that portion qualifying for the Federal Estate Tax marital deduction) of all estate, inheritance, succession or other similar taxes (including any interest and penalties relating thereto) which may be imposed upon my estate, any trust, or anyone incident to my death, regardless of whether or not the property with respect to which such tax is levied passes through the hands of my Personal Representative, and neither my Personal Representative, my Trustee, nor anyone else shall require that any part of any such taxes be recovered from, paid by, or apportioned between the recipients of, or those interested in, any such property.

R. P.

ARTICLE II

I give and bequeath unto my husband, MILTON PRYSTOWSKY, M.D., if he survives me, all of my personal effects, household goods, automobiles, and all other items of goods and chattel.

If my husband fails to survive me, I give and bequeath said property, in approximately equal shares, to those of my children who survive me, with the request that each, where practicable, be allowed to choose the items desired; but if there are no children of mine then living, said property shall become part of the residue of my estate.

ARTICLE III

In the event that I am the beneficiary of any bequest or legacy at such time that I am not sui juris, I hereby direct that after my death such bequest or legacy be distributed to the Marterm Trust established pursuant to the terms of the "ROSE PRYSTOWSKY, M.D. TRUST," executed on June 15, 1983, as amended. Furthermore, none of the provisions of this instrument shall be construed as being in any way an exercise of any power of appointment of any kind which I may possess at the time of my death, whether now existing or hereafter created.

ARTICLE IV

I hereby give and bequeath all of the rest, residue and remainder of my property, wherever situated and whenever acquired, to the "ROSE PRYSTOWSKY, M.D. TRUST," executed on June 15, 1983, as amended.

ARTICLE V

If the aforementioned Trust is no longer in existence at the time of my death, or if the gift is held invalid for any reason, I direct that said rest, residue and remainder of my estate be instead distributed to the Trustee(s) named in the aforementioned Trust Agreement, IN TRUST, and held, managed and distributed under its provisions as if incorporated verbatim herein. This contingent incorporation by reference of said Trust

Agreement into this Will is intended to be applicable as the Trust Agreement provisions stand at the moment of execution of this Will. In order to preserve privacy for my family, I request that the Probate Court require a copy of said Trust provisions only in the event this ARTICLE should become operative.

ARTICLE VI

I hereby nominate, constitute and appoint my husband, MILTON PRYSTOWSKY, as Personal Representative of this Will. If he is or becomes unable or unwilling to so act, I nominate, constitute and appoint my sons, STEPHEN D. PRYSTOWSKY and ERIC N. PRYSTOWSKY, as Personal Co-Representatives. I request that no security or Personal Representative's bond shall be required.

ARTICLE VII

In the general administration of my estate, my Personal Representative shall exercise his best judgment and discretion for what he believes to be the best interests of my estate and of the persons designated to benefit under this my Last Will and Testament. Without limitation on the generality of the foregoing, such discretionary powers shall include the following:

- (a) To sell at public or private sale, to retain, to lease, to borrow money and for that purpose to mortgage or to pledge, all or part of the real or personal property of my estate;
- (b) To settle claims in favor of or against my estate;
- (c) To exercise or not to exercise any election or option granted to personal representatives by the Internal Revenue Code in force at my death, even though such exercise or non-exercise increases or decreases estate principal or income;

- (d) To distribute the residue of my estate in cash or in kind or partly in each, and for this purpose the determination of the personal representative as to the value of any property distributed in kind shall be conclusive;
- (e) To execute and deliver any deeds, contracts, mortgages, bills of sale, or other instruments necessary or desirable for the exercise of the personal representative's powers and discretions;
- (f) As to any real property, to collect the rents and earnings, to keep in tenantable repair the buildings and fixtures, to employ agents and custodians, to make all reasonable expenditures to preserve the property, to insure the property; and
- (g) To join with my surviving spouse in filing joint income tax returns, and in any federal gift tax return filed by my surviving spouse to consent to have any gifts therein reported made to third persons as made one-half by me to the extent permitted by the Internal Revenue Code in force at my death; and to pay any part or all of the tax shown due by any such income and gift tax returns; including any deficiencies, interest, and penalties subsequently determined to be due thereon, without reimbursement from my surviving spouse.

ARTICLE VIII

Wherever in this my Last Will and Testament words, including pronouns, are used in the masculine, they shall be read and construed in the feminine or neuter wherever they would so apply, and wherever in this Will the words "Personal Representative" or "Trustee" and other words, including pronouns, are used in the singular or plural, they shall be read and construed in the plural or singular, respectively, wherever they would so apply.

ARTICLE IX

No person named in this Will shall be deemed to have survived me unless living five (5) months after the date of my death.

ARTICLE X

Although it is my understanding that my husband is or may be executing his Last Will and Testament at or about the time of the execution of this my Last Will and Testament, it is not my intention, nor is it our intention, that such Wills shall be construed or deemed to be mutual, reciprocal, or dependent one upon the other.

ARTICLE XI

This Will shall be interpreted pursuant to the laws of the State of New Jersey.

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R.P.

